

# Milwaukee Walk for Recovery

## REGISTRATION FORM

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Registration: FREE**

**ALL DONATIONS ARE GREATLY APPRECIATED AND WILL BE USED FOR FUTURE EVENTS AND TO RAISE AWARENESS ABOUT ADDICTION AND RECOVERY.**

**TOTAL AMOUNT: \$** \_\_\_\_\_

**Please make out check or money order to: Milwaukee 4 Recovery U.A.**

**(All payments must list Milwaukee Walk For Recovery in the memo)**

### **Waiver:**

I know that walking in the Wisconsin Walk for Recovery is a potentially hazardous activity. I should not enter unless I am medically able. I agree to abide by any decision of a walk official relative to my ability to safely complete the walk. I assume all the risks associated with walking in this event by not limited to fall, contact with other participants, the effects of weather, traffic and other trail conditions, all such risks being known by me. Having read the waiver and knowing those facts and in such consideration of your accepting my entry, I and anyone else entitled to act on my behalf, waive and release Milwaukee 4 Recovery U.A., Milwaukee County, the Milwaukee Alano Club, all members of the Wisconsin Recovery Walk Committee, and all of their subsidiaries and sponsors, their representative and successors for all claims in liabilities of any kind arising out of my participation in the event. I grant permission to all the foregoing to use any photographs, motion picture recordings or any other record of this event for any legitimate purpose.

\_\_\_\_\_  
Signature of participant(s) or parent/guardian if participant is under 18

\_\_\_\_\_  
Date

This event is hosted by Milwaukee 4 Recovery U.A., a not for profit association.